



Jennifer M. Granholm, Governor
Janet Olszewski, Director

Michigan Department of Community Health

HELP SESSIONS REGISTRATION

Requested Session	
Date:	_____
Session Time (AM or PM)	_____
Contact's Name:	_____
Contact's Address:	_____
Contact's Phone Number:	_____
Contact's Fax Number	_____
Office Hours:	_____
Contact e-mail:	_____
Number of Attendees:	Do you Need a Map <input type="checkbox"/> YES <input type="checkbox"/> NO
Limit 3 persons per provider group	
Provider Name:	_____
Provider's I.D. and Type:	_____
List comments and/or questions that you would like to have addressed at the session:	

NOTE: Confirmation will be sent via e-mail or a telephone call. If you don't receive a confirmation within 72 hours, Please contact (517) 335-5453. MDCH reserves the right to cancel any scheduled session due to severe weather conditions. Please contact the above listed number, to determine whether or not a session has been canceled.